

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/19/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175517</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/26/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE OVERLAND PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>12000 LAMAR</b> <b>OVERLAND PARK, KS 66209</b>		
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F 000	INITIAL COMMENTS	F 000			
F 278 SS=D	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The following citations represent the findings of complaint investigations # 94040, 96052, 96556, and 96924.</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 278			3/11/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/26/2016

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 278	<p>Continued From page 1</p> <p>The facility documented a census of 79 residents with 5 sampled. Based on observation, record review, and interviews, the facility failed to accurately code the Minimum Data Set assessment (MDS) for 2 of 5 residents (#3 related to behaviors and #5 related to skin condition).</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The admission MDS for resident #3 dated 7/29/15 documented the Brief Interview for Mental Status (BIMS) score 3 which indicated severe cognitive impairment. The MDS documented the resident required extensive assistance of 2 staff with bed mobility, transfers, dressing, and toilet use. The MDS further documented no behaviors.</li> </ul> <p>The cognitive Care Area Assessment (CAA) dated 8/3/15 documented the resident scored 3 on his/her admission BIMS assessment.</p> <p>The quarterly MDS dated 1/29/16 documented the resident had no behaviors.</p> <p>The facility failed to write a care plan related to behaviors.</p> <p>The clinical record documented on 8/27/15 the resident was combative and swinging his/her arms at the nursing staff. The resident was verbally abusive and cursing.</p> <p>The clinical record documented on 8/28/15 at 7:30 A.M. was verbally abusive to the nursing staff as they were getting him/her up for the day.</p> <p>The clinical record documented on 8/28/15 at</p>	F 278			

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F 278	<p>Continued From page 2</p> <p>12:00 P.M. the resident was digging his/her fingernails into the therapist and the nursing staff ' s arm and was verbally abusive.</p> <p>The clinical record documented on 1/21/16 at 1:00 P.M. the resident punched, hit, grabbed the nursing staff while they were dressing him/her. The resident was cursing and saying harsh things to the nursing staff.</p> <p>On 2/17/16 at 8:40 A.M. direct care staff O and direct care staff O provided the resident with incontinent care, dressed the resident, and placed a sling for transfers under the resident. The resident punched direct care staff O in the chest. Direct care staff O stepped back and the resident ' s family handed the direct care staff O a ball for the resident to hold onto.</p> <p>On 2/17/16 at 10:32 A.M. interview with direct care staff O stated the resident is very feisty and does not like anyone touching him/her.</p> <p>On 2/17/16 at 12:05 P.M. interview with administrative nursing staff D stated the MDS did not capture the resident ' s behaviors and the MDS was inaccurate.</p> <p>On 2/17/16 at 3:48 P.M. interview with licensed nursing staff H stated the resident hits at the staff, kicks at the staff, and he/she would try and bite the staff when they were taking care of him/her. The resident could be very combative with cares. The facility followed the Resident Assessment Instrument (RAI) guidelines related to accuracy.</p> <p>On 2/17/16 at 4:32 P.M. interview with direct care staff P stated the resident was very combative.</p>	F 278			

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F 278	<p>Continued From page 3</p> <p>The May 2013 facility policy " Resident Assessment Instrument " guidelines document the importance of accurately completed cannot be over-emphasized. The signature of persons completing the assessment was an attestation of accuracy.</p> <p>The facility failed to accurately assess this resident with inappropriate behaviors on his/her assessment.</p> <p>- Resident #5 's admission Minimum Data Set assessment (MDS) dated 11/10/15 documented the Brief Interview for Mental Status (BIMS) score 3 which indicates severe cognitive impairment, required extensive assistance of 2 staff members with bed mobility, transfers, extensive assistance of 1 staff member with dressing, toilet use, and personal hygiene, and the resident was always incontinent of bowel and bladder. The MDS documented no pressure ulcer and no skin conditions.</p> <p>The pressure ulcer Care Area Assessment (CAA) dated 11/16/15 documented the resident was at risk for pressure ulcer development due to incontinence, and the need for assistance with repositioning in bed and in the wheelchair.</p> <p>The quarterly MDS dated 2/10/16 documented the resident with no wounds or skin issues.</p> <p>The revised care plan dated 2/1/16 documented the resident had a potential impairment to his/her skin integrity related to incontinence of bowel and bladder. The resident had a skin tear to the right buttocks on 11/10/15. The interventions included: to assist the resident with turning and repositioning as needed, to use a lift/transfer</p>	F 278			

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F 278	<p>Continued From page 4</p> <p>sheet to reduce friction and shearing, a pressure redistribution/reduction seat cushion, evaluate skin condition on a daily and weekly basis, and report abnormal findings to the doctor.</p> <p>The Braden Scale (a numeric scale to determine potential skin issues) dated 11/24/15 scored 15 which indicated the resident was at risk for skin issues.</p> <p>The Physician Order Sheet (POS) dated 12/31/15 documented the resident had a skin tear on his/her right buttocks that developed on 11/11/15. The treatment included to cleanse the wound weekly on Wednesday and apply Allevyn dressing (a dressing used for pressure ulcers).</p> <p>The weekly skin assessment dated 1/26/16 documented the resident had a skin tear to the right buttocks and the coccyx was red.</p> <p>The weekly skin assessment dated 2/16/16 documented the resident had a skin tear to the right buttocks.</p> <p>On 2/17/16 at 11:20 A.M. licensed nursing staff I assisted the resident to the bathroom. Licensed nursing staff I stated the resident had an open area to his/her left inner buttocks. Licensed nursing staff I stated he/she would need to obtain wound care supplies as the resident had no dressing on his/her wound at this time.</p> <p>The physician 's progress note written 2/17/16 documented the resident with a small hole that started as a scratch on the left buttocks.</p> <p>On 2/17/16 at 2:50 P.M. interview with administrative nursing staff E stated he/she does</p>	F 278			

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F 278	Continued From page 5 weekly wound rounds and had never seen this resident ' s wound.  On 2/18/16 at 9:55 A.M. interview with administrative nursing staff D stated the MDS did not capture the resident ' s skin and the MDS was inaccurate.  The May 2013 facility policy " Resident Assessment Instrument " guidelines document the importance of accurately completed cannot be over-emphasized. The signature of persons completing the assessment was an attestation of accuracy.  The facility failed to accurately assess this cognitively impaired resident related to skin breakdown.	F 278			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by: The facility documented a census of 79 residents with 5 sampled. Based on observation, record review, and interviews, the facility failed to provide appropriate care and services for skin issues for 1 of 3 sampled residents (#5).	F 309		3/11/16	

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F 309	<p>Continued From page 6</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Resident #5 's admission Minimum Data Set assessment (MDS) dated 11/10/15 documented the Brief Interview for Mental Status (BIMS) score 3 which indicates severe cognitive impairment, required extensive assistance of 2 staff members with bed mobility, transfers, extensive assistance of 1 staff member with dressing, toilet use, and personal hygiene, and the resident was always incontinent of bowel and bladder. The MDS documented no pressure ulcer and no skin conditions.</li> </ul> <p>The pressure ulcer Care Area Assessment (CAA) dated 11/16/15 documented the resident was at risk for pressure ulcer development due to incontinence, and the need for assistance with repositioning in bed and in the wheelchair.</p> <p>The quarterly MDS dated 2/10/16 documented the resident with no wounds or skin issues.</p> <p>The revised care plan dated 2/1/16 documented the resident had a potential impairment to his/her skin integrity related to incontinence of bowel and bladder. The resident had a skin tear to the right buttocks on 11/10/15. The interventions included: to assist the resident with turning and repositioning as needed, to use a lift/transfer sheet to reduce friction and shearing, a pressure redistribution/reduction seat cushion, evaluate skin condition on a daily and weekly basis, and report abnormal findings to the doctor.</p> <p>The Braden Scale (a numeric scale to determine potential skin issues) dated 11/24/15 scored 15 which indicated the resident was at risk for skin issues.</p>	F 309			

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F 309	<p>Continued From page 7</p> <p>The Physician Order Sheet (POS) dated 12/31/15 documented the resident had a skin tear on his/her right buttocks that developed on 11/11/15. The treatment included to cleanse the wound weekly on Wednesday and apply Allevyn dressing (a dressing used for pressure ulcers).</p> <p>The weekly skin assessment dated 1/26/16 documented the resident had a skin tear to the right buttocks and the coccyx was red.</p> <p>The weekly skin assessment dated 2/16/16 documented the resident had a skin tear to the right buttocks.</p> <p>On 2/17/16 at 11:20 A.M. licensed nursing staff I assisted the resident to the bathroom. Licensed nursing staff I stated the resident had an open area to his/her left inner buttocks. Licensed nursing staff I stated he/she would need to obtain wound care supplies as the resident had no dressing on his/her wound at this time.</p> <p>The physician ' s progress note written 2/17/16 documented the resident with a small hole that started as a scratch on the left buttocks.</p> <p>On 2/17/16 at 2:50 P.M. interview with administrative nursing staff E stated he/she does weekly wound rounds and had never seen this resident ' s wound.</p> <p>On 2/17/16 at 4:23 P.M. the physician assistant V assessed the resident wound and stated the dressing was not even covering the wound that was on the left side of the buttock.</p> <p>On 2/18/16 at 9:20 A.M. administrative nursing</p>	F 309			



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F 309	Continued From page 8 staff F stated the wound is documented on the wrong buttocks. Administrative nursing staff F stated when a dressing was applied to a wound then the wound should be covered.  The revised 7/2015 facility policy " Skin Observation and Wound Prevention Protocol " charge nurses would observe the condition of the resident ' s skin on admission and on a routine basis. The charge nurse should weekly document any skin findings including the appearance of the wound and the treatment applied per the health care provider order in the progress notes. The charge nurse would continue to describe the wounds on the Weekly Wound Data Collection Sheet. The charge nurse would update the plan of care with each intervention.	F 309			
F 353 SS=E	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS  The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.  The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:  Except when waived under paragraph (c) of this	F 353		3/11/16	

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F 353	<p>Continued From page 9</p> <p>section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 79. Based on observation, interview, and record review the facility failed to have sufficient nursing staff to provide care and services to meet the needs of the residents in a timely manner.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of January 2016 call light logs for resident #3 recorded staff responded to the activated call light 3 times in greater than 20 minutes, once in greater than 30 minutes, and once in greater than 40 minutes.</li> </ul> <p>Review of February 2016 call light logs for resident #4 recorded staff responded to the activated call light 14 times in greater than 20 minutes, 3 times in greater than 30 minutes, and 3 times in greater than 1 hour.</p> <p>During an interview on 2/17/2016 at 8:40 A.M. an anonymous family member said the facility is always short of staff and resident #3 preferred to get out of bed by 7:45 A.M.</p> <p>During an interview on 2/17/2016 at 10:04 A.M. an anonymous resident said staff took up to 30 minutes to answer his/her call light.</p>			F 353			

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F 353	<p>Continued From page 10</p> <p>During an interview on 2/17/2016 at 1:35 P.M. an anonymous resident's family member said the facility did not have enough staff to assist the resident with cares. He/she said staff took up to 30 minutes to answer his/her call light.</p> <p>During an interview on 2/17/2016 at 1:52 P.M. direct care staff Q said when busy he/she was not able to assist residents in a timely manner because residents wanted assistance at the same time, usually after meals.</p> <p>During an interview on 2/17/2016 at 4:35 P.M. direct care staff R said resident #4 wore incontinent products in case staff could not assist him/her to the bathroom in time. He/she said resident #4 was continent of bowel and bladder.</p> <p>During an interview on 2/17/2016 at 1:03 P.M. licensed nursing staff J said staff had a difficulty time answering call lights, especially at dinner time or when short staffed.</p> <p>During an interview on 2/17/2016 at 11:28 A.M. administrative nursing staff F said the facility based staffing on census and no on acuity. Staff said he/she expected licensed nursing staff to assist staff answer the call lights when needed.</p> <p>Review of the facility's staffing policy dated 4/2007 documented the facility provided adequate staffing to meet needed care and services for the residents.</p> <p>The facility failed to have sufficient nursing staff to meet the needs of the residents and answer the call lights timely.</p>	F 353			